

P/3000070489

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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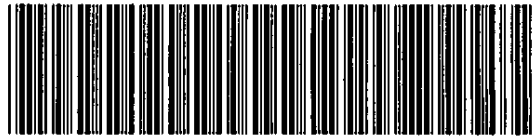
(Business Entity Name)

(Document Number)

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RECEIVED
13 AUG 26 PM 12:35
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
13 AUG 26 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 08/06/13

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____

Splurge, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

Michelle Sweeney

Name (Printed or typed)

3650 Odeon Dr.

Address

Tallahassee, FL 32312

City, State & Zip

850-251-8791

Daytime Telephone number

Michelle@edge distributors.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Splurge, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3650 Ocleon Drive
Tallahassee, FL 32312

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail store

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Tracy Michelle Sweeney

Name and Title:

President

Address

3650 Ocleon Dr.
Tallahassee, FL 32312

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 26 PM 12:42

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AND
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box, NOT acceptable) of the registered agent is:

Name: Tracy Michelle Sweeney

Address: 3650 Ocleon Dr.

Tallahassee, FL 32312

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tracy Michelle Sweeney

Address: 3650 Ocleon Dr.

Tallahassee, FL 32312

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

8-26-13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature Incorporator

8-26-13
Date